DOCUMENT RESUME

ED 208 132 CE 030 043

AUTHOR Hoffner, Janet, Ed.
TITLE Supplement to Programming for the Adult Mentally Handicapped Source Book.
INSTITUTION East Brunswick Board of Education, N.J.
PUB DATE Jun 81
NOTE 49p.; For a related document see ED 194 772. Prepared through the East Brunswick Adult and Continuing Education Program.

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Adult Counseling; Adult Education; Adult Programs; Community Involvement; Community Recreation Programs; *Community Resources; Experiential Learning; *Field Trips; *Group Counseling; *Mental Retardation; Program Descriptions; Program Evaluation; Recreational Activities; *Recreational Facilities; Social Development; Social Experience

ABSTRACT

This supplement to a source book providing information on developing a training program for mentally handicapped adults describes in detail group counseling and community experience components. It offers concrete information emanating from the East Brunswick (New Jersey) Adult Mentally Handicapped Program. The first section overviews the current status and focus of the individual counseling effort in the program, presents in detail the rationale for the major group work emphasis within the counseling component, and describes the group counseling program. Results of an evaluation of the program are organized into its positive aspects and problem areas. The second section addresses community experience for clients in the program, which provides an ideal setting for interaction with the community since the program for the mentally handicapped adults is a component of the Adult and Continuing Education Program. Planning for trips is discussed as well as post-trip group discussion. The social/recreational aspect is considered as a way to provide clients with opportunities to develop skills in community recreation and sports activities. The evening social program is also described. Evaluation (positive aspects and problem areas) of 11 activities is provided. Appendixes include the Self-Appraisal Inventory and Selected Social Behaviors Rating Scale. (YLB)

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EAST BRUNSWICK
ADULT AND CONTINUING EDUCATION PROGRAM

Supplement To

PROGRAMMING FOR THE ADULT MENTALLY HANDICAPPED

Source Book

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ADULT AND CONTINUING EDUCATION PROGRAM

SUPPLEMENT TO

PROGRAMMING FOR THE ADULT MENTALLY HANDICAPPED

SOURCE BOOK

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June 1981

PROGRAMMING FOR THE ADULT MENTALLY HANDICAPPED

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	i
INTRODUCTION	iii
PREFACE	v
GROUP COUNSELING	1
COMMUNITY EXPERIENCE	15
OVERALL PROGRAM SUCCESSES	31
APPENDIX	35

ACKNOWLEDGMENTS

We wish to acknowledge the following agencies and individuals for their constant support and direction.

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INTRODUCTION

Historically, the focus of education has been dependent upon the educational theory in vogue at the time. Whether attention is directed towards the basic 3 R's, open classrooms, or flexible scheduling, one truth remains constant: the major focus has traditionally been on the "normal" child.

It is only recently that special populations have been considered as potentially competent learners. Research suggests that in spite of this new acceptance, education for this population has been primarily based on methodology geared to the "normal" population. This emphasis of methodological process, however, gives little or no consideration to the unique aspects of how a retarded individual learns.

The intent of this pilot project, which has functioned successfully for the past two years, is to demonstrate that not only can mentally handicapped adults learn, but through this learning they can become successful citizens within the greater community. The process of training, however, must be specifically geared towards their learning styles, with emphasis on their abilities and consideration for their limitations.

The historical impact of education for this population is, we believe, in its infant stage. It is our hope that the

program and process of education expounded in our original Source Book, plus that contained in this supplement, will be utilized by other educational systems to expand the concept that learning and the potential for life success is everyone's option.

Dr. Joseph Sweeney
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Dr. Phyllis Klugerman
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PREFACE

We are proud to express the fact that the East Brunswick Adult Mentally Handicapped Program has realized significant client successes over the past two years. We believe the reason for this success is primarily due to our acceptance as fact that "mentally handicapped" means not only individual "limitations," but also individual "abilities." Our goal is to help mentally retarded adults attain more than a marginal adjustment to community living. It has been well-documented that a vast majority of higher functioning mentally retarded persons, including those previously institutionalized, are capable of not only independent living in the community, but also employment in competitive situations.

The individuals within this population are not different from other human beings in their need for a sense of self-worth. This is often obtained through a favorable employment situation. For most members of our society, a sense of self-worth depends upon their ability to work in a situation which is meaningful to them. Jobs that may be available to mentally retarded adults often are those that require little technical ability. They do, however, often require substantial skills on the interpersonal level. It has been suggested that the lower the skill level required in a job for any population

of workers, the more important become the personal and social factors. Thus, the main criterion for continued employability in such situations is the adequacy of one's personal-social functioning. In order to acquire and maintain employment, and to obtain the sense of self-worth that continued employment helps to provide, it becomes critical that mentally retarded adults develop those skills necessary to function successfully on an interpersonal level.

It has been hypothesized that much of the inappropriate, idiosyncratic, and even bizzare behavior attributed to, and often observed in, the mentally retarded adult in the community may bear little relation to intellectual deficiency. Such behavior may instead reflect life experiences in environments which foster, and are structured to maintain, such behaviors. The mentally retarded have been noted to have lowered self-esteem and related motivational deficits such as helplessness, acquiescence to authority, inappropriate behaviors, sexual inadequacies, absence of independent action, and exploratory searching for answers to problems.

Accepting the premise that behaviors are learned and are not inherent in any population, we suggest that training for this population should address these deficits, assuming a new and realistic approach, with major programming emphasis on social rehabilitation and extended meaningful community involvement. In order to accomplish successful community inte-

gration for this population, we believe it is crucial to deal effectively with the inappropriate behaviors, in addition to offering meaningful, on-going skill training to enhance employment possibilities.

It is for these reasons that we offer this supplement to our original Source Book, describing in detail the Group Counseling and Community Experience components of the East Brunswick Adult Mentally Handicapped Program.

For further information or assistance in replicating this project, address inquiries to:

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GROUP COUNSELING

During the second year of the East Brunswick Adult Mentally Handicapped Program, the Counseling Component, while continuing to provide individual counseling, was expanded to include a major emphasis on group work. The following is a brief description of the current status and focus of the individual counseling effort; a more detailed presentation of the rationale for the major group work emphasis within the Counseling Component; and a description of the group counseling program. (For more detailed information on individual counseling, refer to the original Programming for the Adult Mentally Handicapped Source Book.)

Individual counseling was provided based on referrals and requests from program staff, parents, and clients themselves. Basically, the effort was to serve those clients who required support and help in coping with (accepting and/or changing) serious situational difficulties, significant personality conflicts, or crisis issues which arose during their program participation or were carried through as a result of other aspects of their lives. Weekly individual sessions were held with clients, with some contacts continuing a few weeks, others for several months, and some for the entire length of the program. At least one member of the counseling staff was available to clients on each of the four evenings the program was in session.

On any given evening, counselors could be observed helping clients work at coping with home or employment-related conflicts, or crises such as arguments with peers, the break-up of a friendship, death of a pet, or hospitalization of a relative. Counselors also followed-up client sessions with teacher, parent, and/or agency contacts, providing continuity through direct communication and interaction.

Although individual counseling continued to be a useful service for many of the clients, program staff began to believe that helping clients improve their socialization skills could best be accomplished in a social-interactional setting as might potentially be provided in a group counseling situation.

Group counseling may be conceptualized as a system of changing interpersonal relationships. It offers participants an opportunity for learning effective ways of meeting their interpersonal needs in a more realistic and practical setting than could be accomplished through individual counseling. While interpersonal behavior is exceedingly complex, it can be broken down into expressive and responsive social skills, and the ability to discriminate the occasions for using those skills effectively. Viewed from this perspective, the group is a setting appropriate to both diagnosis and treatment. The group leader can observe the interpersonal deficiencies demonstrated in group interaction, and implement interventions designed to produce more adequate skills. Group counseling, then, can

be defined as an interpersonal learning situation in which the goal is the alleviation of deficient patterns of interpersonal behavior, thus improving the individual's social adjustment.

Group counseling offers the potential for increasing self-acceptance, self-esteem, and independent functioning of individual group members. Members also function in the role of mutually helping agents by communicating their empathy and sincerity, and by exhibiting concern and eagerness to offer support to one another during the sessions. Very often when two members have extreme differences in capabilities in a specific area of functioning, the relatively competent individual, who feels more secure, can and is encouraged to offer help to the less capable member. The observation that the helping member is in some respects more competent than another can serve to elevate that individual's self-esteem, and at the same time indicate to the other individual that someone feels he is important enough to offer assistance to. Group participation also serves to foster peer relationships and friendships. This is especially important for mentally retarded adults since many have developed vertical relationships, but lack horizontal ones.

Withdrawn and passive behaviors are frequently noted among the behavioral characteristics of the mentally retarded. Since group counseling concentrates on interpersonal behavior, focus-

ing the group goal on developing more appropriate involvement from its members is consistent with group counseling purposes. Increasing the degree of participation of more withdrawn group members is one form of helping members to develop more appropriate involvement.

Since social adjustment is often the determining factor in adequate community functioning, and since group counseling can be a most effective and resourcefully efficient method for improving social adjustment, group counseling must be considered as a necessary and integral part of adult mentally handicapped programs that want to be more successful in helping their clients advance in critical growth areas.

As indicated, the major group counseling goals are to enhance the social adjustment of group members by focusing on increasing participation of the withdrawn, increasing self-esteem, and meeting immediate concerns and needs of each group member. In order to accomplish these goals, counselors have brainstormed group leader and client objectives as follows:

Group Leader Objectives --

Observe behaviors

Discover interpersonal deficiencies

Implement interventions designed to produce more adequate social skills

Provide opportunities for clients to have with others and experience feelings of belonging to the group

Help clients resolve personal issues they choose to reveal for discussion

Restrict discussion issues to specific personal experiences in order to increase the likelihood that the learning will have greater meaning and relevance

Client Objectives --

Practice appropriate behavioral responses in a role-playing or learning-by-doing context

Improve receptive and expressive language and interactional skills

Help other clients resolve their personal issues

Improve problem-solving and decision-making techniques

Goals and concepts introduced and discussed during group counseling sessions included:

Personal --

Understanding one's handicaps: retardation; related feelings; limitations; expectations

Feelings: definition; appropriate and inappropriate expression

Home and family: present and realistic future living plans; institutions; group homes; parental home; living alone

Problem solving and decision making

Dating and marriage

Death and dying

Loneliness

Rumors and gossip

Maturity

Identifying strengths: being positive as opposed to being negative or critical

Interpersonal --

Developing cooperation: working together; consideration for other's feelings

Understanding the term "group": definitions; purposes; format; names; roles; cohesiveness; sharing

Friendships and other formal and informal relationships: appropriate behaviors

Employment: requirements for a successful work experience

Sexism and prejudice

Appropriate assertiveness: making requests; obtaining one's fair share

Activities designed to meet indicated goals included:

circle discussions	sharing food
filmstrips	telephone line
role-playing	leader modeling
strength bombardment	field trips

Group counseling was provided on a self-selection basis for fifty minutes weekly. Clients were told that the purposes of group counseling were: to help them meet people and make friends, to help them better understand themselves and others, and to help them and others work at solving problems that had relevance to them. The forty-five clients participating were randomly assigned to six counseling groups. Three counselors wer randomly assigned to two groups each, consisting of approximately seven clients per group.

The Self-Appraisal Inventory for self-esteem (see Appendix) and the AAMD's Adaptive Behavior Scale, Part Two for social adjustment (see Appendix) were used to assess the impact of

group counseling on client progress. Group leaders and primary instructors independently rated clients on the Adaptive Behavior Scale. Additional progress was assessed informally via group leader and instructor observations in a variety of settings; feedback from parents, supervisors, and employers; and ratings on the Selected Social Behaviors Rating Scale, behaviors thought by staff to be indicators of self-esteem (see Appendix).

Program staff are evaluating both formal and informal results of this year's group counseling program prior to formally recommending modifications. Adjustments currently under consideration are: ability grouping based on verbal and behavior patterns; and scheduling focusing on a possible series of nine-week time frame sessions, each addressing a specific counseling target area such as assertiveness training, relaxation techniques, vocational development, dating and marriage, and living independently. These nine-week sessions will afford grouping possibilities based on need and/or interest, and rotation of client participation where desired or desirable. Counselors can also be rotated by interest, area of expertise, and sex, in order to maximize impact of sessions. The assessment process will also be reviewed, with consideration given to refinements of currently used instruments, in addition to other possible assessment devices such as videotapes, recordings, as well as a more formal evaluative procedure dealing with input from participants, parents, and employers.

POSITIVE ASPECTS AND COMMENTS:

Group activities that worked well:

- brainstorming
- problem solving
- rap sessions
- role-playing
- filmstrips
- circle discussion

Successful techniques used within these activities:

- Hot Seat (eliciting feedback from other clients, often revealing blind spots as well as positive attributes)
- Rumors
- Periodic reminders, i.e. "Put your brain in gear before you speak."

Role-playing topics:

- Asking for a date
- Client-parent conflicts
- Job interviews
- Being called retarded

Topics which evoked lively discussions:

- Love
- Trips
- Holidays
- Special events

Stressing the importance of each group member, and recognition of particular contributions to the group as a whole or to an individual group member, should be an ongoing process.

Modeling was effective. For the most part, clients were motivated to immitate the group leader as well as other staff members.

Use of pictures and everyday life situations encouraged development of increased expressive language skills.

Trust, security, and group identification developed.

Group trips gave clients the opportunity to:

practice their social and communication skills by applying them in realistic situations;

experience new social activities not otherwise readily available;

practice making decisions;

gain new skills which serve to increase their self-esteem and self-confidence

Group discussions helped clients express themselves more assertively, work out their problems by talking things out, and learn to ignore or be less affected by name calling.

Appreciable growth was noticed in the ability of clients to express themselves.

Socialization and interaction among group members continued outside the group.

Attendance was excellent.

Clients expressed positive feelings about having been a group member and their desire to join a group in the future.

PROBLEM AREAS AND (RECOMMENDATIONS):

Clients with higher levels of verbal skills and awareness had to wait to permit clients with lower levels of verbal skills and awareness to benefit from the group interaction. (Capitalizing on the possibility of increasing coping skills in the area of patience for higher level clients and stick-to-it-iveness for lower level clients would be appropriate.)

Clients more capable in verbal skills tended to monopolize the interaction during less structured activities, while the passive, less capable clients tended to withdraw. (Bearing in mind the participants and the session focus, choose either highly structured or less structured activities.)

Clients with lesser skills in particular activities tended to feel frustrated and suffer loss of self-confidence and self-esteem. This could result in generalization and subsequent hesitancy to participate in new experiences. (Careful preparation is necessary to help insure that all group members can participate at an appropriate and successful level in each activity.)

COMMUNITY EXPERIENCE

Community experience can offer the adult mentally handicapped learner opportunities for emotional, social, and intellectual development. Exposure to the community can serve to reduce isolation by providing involvement and experience, while at the same time providing training in a meaningful and realistic setting. In addition, it can provide a milieu for the cultivation of a positive self-image and self-confidence through the development and/or reinforcement of skills in communication, purchasing, use of transportation, budgeting, shopping, menu reading, and appropriate social behavior.

The East Brunswick Adult and Continuing Education Program (of which the Adult Mentally Handicapped Program is a component) provides an ideal setting to promote client independence and social/interactional skills within the larger community. During regularly scheduled classes, clients of the Adult Mentally Handicapped Program have an opportunity to interact with approximately 700 community members who attend a variety of educational and leisure activities in other components of the Program. Group members have ongoing opportunities to practice appropriate behavioral responses with one another, as well as with other program participants, in a comparatively safe place which is, however, closely aligned with actual life situations.

Classes are purposely scheduled in a variety of locations in the building to provide optimal use of the facility and a

greater opportunity for clients to practice specific skills such as sign identification and following directions. On any given evening clients may be required to locate several different areas (classrooms, office, guidance, refreshment stand, restrooms, supply closet, etc.) of the building independently by following verbal or written directions. They are also required to arrive at and depart from these locations during a specific time frame (usually ten minutes). When traveling to or from specific destinations, clients are encouraged to socialize with other participants who may be walking toward the same location.

Various activities were developed to help prepare clients for increased community exposure and experience. It was felt that assisting clients in developing their self-esteem and self-confidence in a realistic, yet somewhat "protected" setting would increase their opportunity for successful experiences in the larger community.

By observing clients' behaviors and assessing their needs, the staff is able to assist clients in developing a community experience agenda whereby they can choose a setting where they can practically apply skills learned in the classroom. It is believed that allowing clients to participate in this process increases motivation to learn specific skills, and assists clients in developing much needed problem-solving skills.

Twelve clients operate a refreshment stand in one of the

main corridors of the building. The stand is in operation two evenings per week for approximately one and one-half hours, and is staffed by six clients, one instructor, and one aide per evening. The refreshment stand not only furnishes clients with the opportunity to interact on a one-to-one basis with community members, it also provides for the development and reinforcement of budgeting and money-handling skills, appropriate work-related behaviors, and social and communication skills. Training is focused on clients' individual capabilities in planning, organizing, and maintaining a small business.

Community Exposure

Community experiences are selected based on the needs and interests of clients in a particular area, and are planned to coincide with related classroom lessons. All trips are planned by the clients, with staff assistance where necessary, and coordinated by the project leader.

Prior to each trip the coordinator makes the initial telephone call to gather information. This information is provided to the instructor for a client/staffbrainstorming session and is generally used to "coach" clients regarding the kinds of questions they can expect when they attempt to make independent arrangements for particular trips.

In this planning stage instructors can develop methods for incorporating training as a natural part of the community

experience. This approach helps to avoid the difficulties many individuals experience when attempting to transfer a skill from the academic to the practical sphere. The coordinator is resonsible for minimizing the effects of clients' limitations by reducing anticipated difficulties and providing the optimum opportunity for client success during their initial community experiences. Visiting or telephoning community agencies ahead of time to offer background information as to the goals of the program has proved successful in helping to dispel myths and fears about mental retardation. When this strategy is utilized, the vendors are generally very enthusiastic and helpful in their interaction with our clients.

On a more practical level, and depending on the destination, the following information is requested:

Hours of operation
Cost of the activity
Level of activity during specific time periods
Whether entrances and exits are clearly identified
Whether restrooms are designated men/women, ladies/gentlemen, or by symbols
Location of parking lot in relation to building: distance; whether pathway to building is obvious; whether surface of lot is paved
Number of individuals which area can accommodate
Whether reservations are necessary
Whether area is accessible to the physically handicapped, i.e. wheelchairs, crutches, and other walking assistance devices
Whether an operational pay phone is located in or near the facility

Name of an individual to contact for information and assistance if necessary

Whether the vendor provides a discount for certain groups

Procedure for handling emergencies, i.e. if a customer is injured or becomes ill (many clients are prone to seizures)

It is also helpful to provide vendors with the contact name and phone number of the coordinator, and encourage them to call with feedback after the clients have visited their facilities. This information offers direction for future training, both in and out of the classroom.

In order to provide as realistic an experience as possible, group trips are scheduled based on a ratio of one staff member to three clients. It is believed that small groups of three to six clients are best able to integrate among themselves, as well as with strangers, with maximum success. In addition, small group interaction allows the instructor to continually assess client progress and provide positive feedback and supportive assistance when necessary.

Clients who express an interest in visiting a particular place are encouraged to gather information regarding the trip by answering the following questions:

Where can I go to learn how to....? (i.e. read a menu, use a washing machine, etc.)

Why is this trip important to me?

What do I hope to learn?

How can I get to my destination?

Can I afford to go?

Who do I want to accompany me?
What do I need to know before I go?
What should I take with me?

Prior to departure it is helpful to provide ample time for staff-client brainstorming in reference to the trip. Topics of discussion usually include:

Where are we going?
Why are we going there?
What will we do when we arrive?
Who can I ask for assistance?
What are the hours of operation?
When will we depart? arrive? return?
How much will it cost?
Is a reservation necessary?
Who is going with me?

These discussions serve to eliminate anxiety, create an enthusiastic atmosphere, and elicit realistic expectations.

Following each trip (on the same evening if possible), a group discussion helps reinforce learning and positive experiences which have occurred. In addition, clients are encouraged to discuss their experiences with their families. It is anticipated that through this type of sharing parents and/or guardians will provide additional opportunities for independent functioning in similar areas. This is extremely important if learning is to be maximized and maintained.

Community experiences related to classroom instruction have included trips to local supermarkets and shopping malls, laundromats, arts and crafts suppliers, hardware stores, card

and gift shops, pharmacy and drug stores, hairdressers, dance recitals, and tours of the dance and theater departments at Douglass College.

Social/Recreational Experiences

The social/recreational aspect of the Community Experience Component provides clients with the opportunity to develop skills in community recreation and sports activities. In the evening a school district's elementary school gym provides ample space for physical education sessions, emphasizing sports which require participation, such as volleyball, kickball, and wiffle ball. (It should be noted that exposure to a larger facility tended to decrease participation and increase behavior problems. A facility that is too large may disorient and alienate some clients.)

Clients plan bi-weekly trips which attempt to integrate their learning in the physical, social, and cultural spheres. Such activities include bowling, roller skating, basketball games, gymnastic exhibitions, dances, theater, concerts, and restaurant dining. These activities are planned in conjunction with the Group Counseling Component and are generally supervised by an instructor and a counselor.

In order to maintain group cohesiveness, the group counselors present a list of possible recreational activities to their individual groups. This presentation is followed by a

short discussion which culminates in a group consensus regarding the recreational activity they would like to pursue the following week. A client is responsible for informing the coordinator of the group's decision. The coordinator then selects two clients from the group, on a rotating basis, to participate in the planning of the recreational activity. Since many clients have become proficient at bowling, it is anticipated that bowling leagues will be formed next year.

Evening Social

The evening social program is held in the East Brunswick Public Library. This social program provides clients with the opportunity to utilize a community facility on a regular basis, and provides an area for clients to invite community participation. The library has a reciprocal relationship with other area libraries; therefore, all clients can develop a sense of responsibility by borrowing and returning library materials. In addition, the library provides a separate room where the clients can conduct a variety of social activities. In conjunction with the Community Experience Component, clients have requested guest speakers from the Police Department, Rescue Squad, Fire Department, Division of Parks and Recreation, and demonstrations by various artists and musicians.

ACTIVITY AREA: Food Shopping

POSITIVE ASPECTS AND COMMENTS:

Clients developed confidence and skill in decision-making through the processes of: selecting food items; locating specific items; budgeting; handling money; and using coupons.

Clients developed problem-solving skills, and confidence in asking for assistance at the courtesy counter.

Most clients learned to shop independently.

Store personnel were helpful and considerate.

On occasion, clients were able to assist other shoppers in locating specific items.

PROBLEM AREAS AND (RECOMMENDATIONS):

Clients frequently forgot to bring a shopping list and requested one from a staff member. This procedure made transference to a realistic personal situation questionable. In addition, lists were sometimes too long or too short. (Simulations in creating lists and memory skills can be helpful in eliminating difficulty.)

Some clients cannot read. (A checklist of symbols or pictures of specific products could replace written lists.)

Clients had no opportunities to reinforce their shopping experiences. (Opportunities to shop with their families should be recommended and encouraged through parent groups or letters home.)

ACTIVITY AREA: Laundromat

POSITIVE ASPECTS AND COMMENTS:

An opportunity was provided for clients to complete a worthwhile task in an appropriate setting. This activity should be encouraged at home also.

Money-handling skills were reinforced.

Clients developed a sense of responsibility for bringing in their own laundry and sufficient money to complete the task.

The concept of time was reinforced, i.e. one washload takes thirty minutes.

Clients were highly motivated and felt a sense of accomplishment.

PROBLEM AREAS AND (RECOMMENDATIONS):

None.

ACTIVITY AREA: Restaurants

POSITIVE ASPECTS AND COMMENTS:

Clients gained experience in reading and ordering from a menu.

Clients assisted each other when ordering.

Clients accepted responsibility for budgeting and money-handling. Calculators were used when necessary.

An excellent client-staff socialization experience was provided.

PROBLEM AREAS AND (RECOMMENDATIONS):

Clients' personal budgets are very limited. Separate checks were necessary. (Provisions should be made for this beforehand.)

Clients frequently chose sex-segregated seating. (Simulation for this behavior can be accomplished in the Personal Awareness Component of the program.)

Some clients exhibited poor table manners. (See above.)

Some clients tended to overeat. (See above.)

ACTIVITY AREA: Arts and Crafts Suppliers

POSITIVE ASPECTS AND COMMENTS:

Clients were able to choose their own craft items with their own funds.

Clients were highly motivated to complete their projects.

Decision-making and budgeting skills were reinforced.

PROBLEM AREAS AND (RECOMMENDATIONS):

When offered several choices, clients experienced difficulty in narrowing their selection to one item. (For some clients the number of choices might be limited.)

Several trips were necessary to purchase all needed materials for one craft. (More appropriate planning might eliminate this, if desirable.)

ACTIVITY AREA: Hardware Stores

POSITIVE ASPECTS AND COMMENTS:

Clients became familiar with items necessary to make minor home repairs and improvements, i.e. picture hooks, tools, etc.

This new experience encouraged clients to develop an individual style for their living space, i.e. own room, apartment, etc.

PROBLEM AREAS AND (RECOMMENDATIONS):

Many clients do not participate in decorating decisions regarding their living space. (Recommended discussion topic for parent group.)

Clients need to be trained in the use and proper handling of a variety of household tools, i.e. hammer, screwdriver, etc. (A course component might be developed to teach these skills.)

ACTIVITY AREA: Card and Gift Shops

POSITIVE ASPECTS AND COMMENTS:

Use of a calendar to remember birthdays and other special occasions was reinforced.

Purchasing and money-handling skills were reinforced.

Clients developed and/or reinforced a sensitivity towards others.

PROBLEM AREAS AND (RECOMMENDATIONS):

Low-level reading skills inhibited client choices in selecting cards. (Clients with high- and low-level reading skills might be paired.)

Limited budgets restricted the ability to purchase gifts. (A realistic understanding of money value can be a positive outcome of this experience.)

ACTIVITY AREA: Pharmacy and Drug Stores

POSITIVE ASPECTS AND COMMENTS:

An awareness of available over-the-counter products was increased.

Clients were encouraged to comparison shop, i.e. generic vs. brand name products.

Clients became confident in interacting with store personnel.

PROBLEM AREAS AND (RECOMMENDATIONS):

Clients were unaware of the variety of products available and their uses. (Classroom focus on these areas is necessary in the Health and Hygiene Component.)

Clients tended to over-react to minor ailments. (See above.)

ACTIVITY AREA: Hairdressers

POSITIVE ASPECTS AND COMMENTS:

An awareness of self-image was increased.

Clients were encouraged to choose hair styles to compliment their facial features and hair texture.

Clients were motivated to budget funds for self-improvement.

PROBLEM AREAS AND (RECOMMENDATIONS):

Clients experienced difficulty in manipulating equipment, i.e. blow dryers, curling irons, etc. which limited their choice of hair styles. (Repetitive skill training and on-going practice are important.)

Limited budgets inhibited visits to the hairdresser. (This situation should be handled on an individual basis with recommendations that can offer the potential for success with either home or professional grooming.)

ACTIVITY AREA: Dance Recital and Theater

POSITIVE ASPECTS AND COMMENTS:

Awareness of local cultural activities was increased.

Clients gained experience in planning and organizing.

Practical application of directional and number skills was provided, i.e. finding section and seat numbers.

PROBLEM AREAS AND (RECOMMENDATIONS):

Clients frequently do not have access to transportation. (Parent groups can discuss car-pooling or other transportation support.)

ACTIVITY AREA: Concerts

POSITIVE ASPECTS AND COMMENTS:

Clients were offered the opportunity to socialize with their peers.

Clients were exposed to a variety of current music forms.

This was a new experience for most clients, broadening their understanding of activities available to them.

PROBLEM AREAS AND (RECOMMENDATIONS):

Large crowds and high activity level caused anxiety for some clients. (Limit the number of clients involved; choose participants cautiously; maintain a high ratio of staff to clients.)

ACTIVITY AREA: Social/Recreational

POSITIVE ASPECTS AND COMMENTS:

Clients were provided with the opportunity to develop constructive and enjoyable use of leisure time.

Clients were provided with opportunities to develop hobbies.

Physical/sports activities promoted body awareness and self-confidence.

Team sports promoted client cooperation and enthusiasm.

Clients developed friendships and meaningful interpersonal relationships.

Number concepts were reinforced by keeping score for bowling, volleyball, etc.

Clients became aware of a variety of community recreational facilities.

PROBLEM AREAS AND (RECOMMENDATIONS):

Clients frequently had difficulty arranging for their transportation needs. (Classroom attention and/or parent group involvement might serve to alleviate some of the difficulty.)

Limited budgets frequently restricted the level of participation and caused frustration for some. (Individual attention is necessary to determine the best solution for each client faced with these difficulties.)

OVERALL PROGRAM SUCCESSES

Certain accomplishments/successes/improvements are immeasurable, but extremely meaningful. Some of those observed over the past two years in the Adult Mentally Handicapped Program include:

Several Clients obtained employment.

Meaningful relationships were established.

Clients initiated and maintained a financially successful refreshment stand.

Social behavior improved.

Clients assumed a greater sense of responsibility and exhibited this in their behavior.

Clients developed a greater respect for themselves and their body.

Tact and sensitivity was developed in dealing with other retarded individuals as well as with community participants in other aspects of the Adult and Continuing Education Program. In addition, a comfortable interaction was established with community residents via community experience projects.

Positive attitude changes were apparent not only between mentally handicapped clients in reference to themselves and one another, but also for other populations in interacting with them. What was once experienced as fear and discomfort has been replaced by respect and encouragement.

Community residents and businesses have been exposed not only to limited abilities, but more importantly to expressions of sympathy, caring, politeness, and respect, qualities often attributed only to the "normal" population.

APPENDIX

ASSESSMENT INSTRUMENTS

Instrument	Page
Self Appraisal Inventory	37
Selected Social Behaviors Rating Scale	43
Adaptive Behavior Scale	49

ASSESSMENT INSTRUMENT

SELF APPRAISAL INVENTORY*

To help insure the subject's comprehension of questions, minor language modifications were made on this assessment instrument by the program's speech and language consultant. No alterations were made in concept.

* Adapted from:

Measures of Self Concept, Grades K-12 (Instructional Objectives Exchange: Los Angeles, 1965). A minimal amount of terminology has been changed and certain questions omitted for purposes of clarity.

SELF APPRAISAL INVENTORY

TEST INSTRUCTIONS

INSTRUCTIONS TO TESTEE:

I am going to ask you some questions about yourself. I would like you to answer YES or NO to these questions.

EAST BRUNSWICK

ADULT AND CONTINUING EDUCATION PROGRAM

ADULT MENTALLY HANDICAPPED PROGRAM

ASSESSMENT INSTRUMENT: Self Appraisal Inventory

CLIENT NAME _____ DATE _____

FORM COMPLETED BY _____

YES	NO		
___	___	1.	Do a lot of people like you?
___	___	2.	Do you get in trouble at home a lot?
___	___	3.	Do you wish you were a child?
___	___	4.	Are you an important person in your family?
___	___	5.	Do you think that you are doing a bad job in work/school a lot of the time?
___	___	6.	Do you like yourself?
___	___	7.	Would you like to have a lot of friends?
___	___	8.	Does your family ask you to do too many things?
___	___	9.	Do you wish you were someone else?
___	___	10.	Is it easy for you to wait your turn?
___	___	11.	Do your friends do what you tell them to do?
___	___	12.	Is it easy for you to do a good job in work/school?
___	___	13.	Do you break your promises a lot?
___	___	14.	Do you have more friends than a lot of other people have?

(cont)

SELF APPRAISAL INVENTORY (cont)

YES	NO		
___	___	15.	Do a lot of people like other people better than you?
___	___	16.	Do a lot of people think you can learn?
___	___	17.	Are the things you do at work/school very easy for you?
___	___	18.	Do you know a lot of things?
___	___	19.	Can you do good work if you want to?
___	___	20.	Do you remember a lot of what you learn?
___	___	21.	Do you feel lonely a lot of the time?
___	___	22.	When you have something to say, do you say it?
___	___	23.	Do you get upset a lot at home?
___	___	24.	Do you feel ashamed of yourself a lot of the time?
___	___	25.	Do you like the boss/teacher to ask you questions when other people are there?
___	___	26.	Do other people at work think you are a good worker?
___	___	27.	Is it hard to be friends with you?
___	___	28.	Do a lot of people finish their work faster than you?
___	___	29.	Do people in your family pick on you?
___	___	30.	Do you make trouble for your family?
___	___	31.	Is your family proud of you?
___	___	32.	Can you talk to your family when you have a problem?
___	___	33.	Do your parents like you even if you have done something bad?
___	___	34.	Is it hard for you to talk when a lot of other people are there?

ASSESSMENT INSTRUMENT

SELECTED SOCIAL BEHAVIORS RATING SCALE*

This instrument was developed in an attempt to assess social behavior deemed to be important in interpersonal relationship success. It is currently being used informally by staff to assess client growth and will be reviewed on an on-going basis until it is determined to be a valid and reliable instrument for assessing social behavior for this population.

A variety of scoring patterns are being tested in order to determine the most appropriate one for final use.

* Developed by Adult Mentally Handicapped Program staff.

SELECTED SOCIAL BEHAVIORS RATING SCALE

TEST INSTRUCTIONS

Circle the observation which best applies to the individual client.

EAST BRUNSWICK

ADULT AND CONTINUING EDUCATION PROGRAM

ADULT MENTALLY HANDICAPPED PROGRAM

ASSESSMENT INSTRUMENT: Selected Social Behaviors Rating Scale

CLIENT NAME _____ DATE _____

FORM COMPLETED BY _____

(1) Responds to communication from others.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(2) Establishes eye contact with others.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(3) Smiles at other people.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(4) Initiates conversation with others.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(5) Maintains a natural, erect posture.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(6) Reacts appropriately to positive evaluative comments from others.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(7) Reacts appropriately to negative evaluative comments from others.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(8) Reacts appropriately to restrictions.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(9) Makes positive statements about her/himself.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(cont)

(10) Refrains from making negative statements about her/himself.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(11) Makes positive statements about others.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(12) Refrains from making negative statements about others.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(13) Tries new behaviors and tasks.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(14) Laughs at appropriate times.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

(15) Listens to opinions different from her/his own.

NEVER SELDOM SOMETIMES USUALLY ALWAYS

ADDITIONAL COMMENTS (IF ANY)

_____

_____

_____

_____

ASSESSMENT INSTRUMENT

ADAPTIVE BEHAVIOR SCALE*

PART TWO

SECTION V -- WITHDRAWAL

VI -- STEREOTYPED BEHAVIOR AND ODD MANNERISMS

VII -- INAPPROPRIATE INTERPERSONAL MANNERS

VIII -- UNACCEPTABLE VOCAL HABITS

XI -- HYPERACTIVE TENDENCIES

(NOT INCLUDED)

* Adaptive Behavior Scale: For Children and Adults (American Association on Mental Deficiency, 1974 Revision)